

Name

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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Office:

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MAINEETHICS COMMISSION

FFR 192010

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

DAWN HILL	House 🛘 Senate	
Mailing address	District	
124 PINE HI	20 00 00 00 00 00 00 00 00 00 00 00 00 0	
City, zip code CAPE WEDDIC		Phone 207-337-3689
	-	
PART 1. INCOMI	E DERIVED FROM EMPLOYMENT BY A	NOTHER
List the name and address of each employer from economic activity of each employer.	m whom you received compensation of \$1,000	0 or more. Specify the principal type of
Name of Employer	Address	Principal Type of Economic Activity of Employer
11 11 0	March R Perch	PROPERTY + CASUALT
MMG INSURANCE CO	MAYESVILLE RD, PRESO	ME ME, NH, VT, PA
		(*1099 CONTRACTOR STATUS
		April 2000 control of the control of
	OME DERIVED FROM SELF-EMPLOYM Legislators who are self-employed.)	IENT
A. List the name and address of your business, it associated with a partnership, firm, professional a	f any, and list the major areas of economic ac	tivity from which you derived income. If
entity.	association, or similar business entity, list the	major areas or economic activity or that
Name and Address of Business Entity	Major Areas of Economic Activi (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name: It's ADOG'S WORLD	, PRESIDENT	ME. CORP .
Address: 3 WHITE BIRCH LANE		CANINE TRAINING TENTER
Name: PINE HILL ESTATES, L		ME LLC
Address: PO 701 CAPE NED.	DICK	REAL ESTATE INVEST MENT
·		

PART 2 (continued). INCOME DERIVED FR (For Legislators who are self-em		
B. List each source of income derived from self-employment that represents more greater, and specify the principal type of economic activity of the entity or personal disclosure is prohibited by law, rule, or an established code of professional ethics entity or person from whom the income was derived.	rson from whom you derived such income. If this form	of
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who the Source of the Income	is
Name: SEE PART A Address:		OSAASEDA V
Name: Address:		
PART 3. MAJOR AREAS OF I		
List your major areas of practice. If associated with a law firm, list the major area		Reference
Name and Address of Firm	Major Areas of Practice Major Areas of Practic (self) (firm)	e
Name: Address: WA		
Name: Address:	THE THE PROPERTY OF THE PROPER	
PART 4. OTHER SOURCES O List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this for		
None		Leves searce
Name and Address of Source	Kind of Income (investments, leases, etc.)	
Name: Address:	. Commission of the Commission	
Name: Address:	39000000000000000000000000000000000000	190 31-6 96-11-1-1
PART 5. REPORTABLE LIA	BILITIES	1.03)
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you areas of economic activity of each creditor. Do not list credit card liability or loans	ou received during the reporting period, and list the maj s from a relative. If none, check the box.	ог
None		on the same of
Name and Address of Creditor	Principal Type of Economic Activity of Creditor	
Name: N/17 Address:		
Name: Address:		hamm-assec
	¥	

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PART 6	. REPORTABLE GIFTS				
List the specific source of each gift of more than \$300. Inconne, check the box.	clude gifts with an aggregate	value of more	e than \$300 from a single source. If		
None None	meterna eta eta 1954 eta 1964 eta 1964 eta 1964 eta 1964 eta 1965 eta 1964 eta 1964 eta 1964 eta 1964 eta 1964	es premiografia autoritation de la citation de la company de la company de la company de la company de la comp	a Alexandra Arabada Arabada Arabada da Arabada da Arabada Arabada Arabada Arabada Arabada Arabada Arabada Arab Arabada Arabada Arabada Arabada Arabada da Arabada Arabada Arabada Arabada Arabada Arabada Arabada Arabada Arab		
Name of Source of Gift	n n n tig tin hint til de skrift skillige til kjöling til kjöling til kjöling til kommen at kannak kön han kan Kin n n n n n n n n n n n n n n n n n n	Name of	Source of Gift		
1. "J/A	3.				
2.	4.	TOPPER ETTE SPECATE SIGNATURA SPECIAL RADIO SALVE SALVES AND SECULO SPECIAL SP	от водинення в под		
PART 7. R	EPORTABLE HONORAR	IA			
List the source of any honoraria accepted for appearances o	r speeches related to your leg	gislative respo	onsibilities. If none, check the box.		
☑ None	illigengi karjuwa kawai wa kawa karjuwa ka ja diani wa ka ja	Namont((Chabitationmiten nemintations))epolye	Configuration of the Addition		
Name of Source of Honoraria		Name of Soi	urce of Honoraria		
1. WHA	destination and a little and a	i kankili na sahafi latikaj na telilang wyagaga (1990) (19			
2.	4.				
PART 8. REPRESEN	TATION BEFORE STATE	AGENCIES			
List each executive branch agency before which you repres					
None	eritteritettettettettettettitetettitetettitationistationistationistationistationistationistationistationistati e		Mandalandari entra proportion de la company		
Name of Agency		Name	of Agency		
1. N/A	3.	a manufat a francis of tax minimum varieties before defined a filled of the filled of	топология от ченения в технология от технология в положения в положения в положения в положения в положения в		
2.	titistat olimbat olimb	enzydnowenianemia necesionemiał kwilieli	AIRCYMRANAMANAMANAMANAMANAMANAMANAMANAMANAMAN		
	19				
PART 9. BUSIN	NESS WITH STATE AGE	ICIES .			
List each executive branch agency to which you or a memb \$1,000 during the reporting period. If none, check the box.	per of your immediate family	sold goods o	r services with a value in excess of		
☑ None	adharannan segerapa, and sentageigh far anglish different foreights for the site of an environment and anbasen	najan-ilmoniimostimosa (i osusaktiktisuosuuvuvesii	VASSERVASTE APARTISE A CENTRE AVAILISE A LICTURA VARIANTA AVAILISE A LICTURA VARIANTA REPRESENTA AVAILISE A LICTURA VARIANTA AVAILISE A LICTURA VARIANTA AVAILISE A LICTURA VARIANTA VA		
Name of Agency	arrandon kalan paranen yang mengelining generalah dalah bing pang binaman disejanik palah daran yang dalam asasal at salaman.	Name	of Agency		
1. N/A	3.	3.			
2.	4.	Territoria de esta esta esta esta esta esta esta est	an California de Productiva (in figura de la moda di moda handa handa handa de la moda menganan ang ing ing ing ing ing ing ing ing ing i		
PART 10. INCOME RECEIV	ED BY MEMBERS OF IM	MEDIATE F.	AMILY		
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	d of income represented. If v	received by our spouse o	your spouse or domestic partner or or domestic partner received \$1,000		
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship	Kind of Income		
Name: JAMES A. NADEAY JOB TITLE: CONSUTANT OWNER	1. LAND USE + M 2. RE, BROKER	Spouse of	1. SELF EMPLOYED 2. BROKER COMMISSIONS		
JOB TITLE: CONSUTANT /OWNER	3.	Domestic Partner	3.		
	. 1900 година в 1900 година пред пред пред пред пред пред пред пред	Dependent Child			
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic		Dependent			
activity and the kind of income.		Child Dependent	COPPERION Reference and the common a		
		Child			

any office, trust	fit or nonprofit corporation, firm, association, p eeship, directorship, or position of any nature. ted. If a family member listed, indicate your re	Indicate whether you o	or a family held the p	position and whether t	ate family held the position
☐ None		www.mamae.gov.h.hyer-boots;;;;riskisted et erboet et Affair ett BF Ed et Billion between value alla bestelle bestelle helde et billion bestelle bes	nicke die verlagen der	- Company - Comp	
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
MMG	INSURANCE CO	DIRECTOR	SELF		YES -
PRES	SQUE ISLE, ME	DIRECTOR (BOARD MEMBER)			1099 Mi
			THE STATE OF THE S		***************************************
		SIGNATURE			
A Legislator wh	no willfully fails to file a required statemen	t is subject to a fine o	of up to \$100. (1 N	/J.R.S.A. § 1017-A)	
The intentional willfully filed a f	filing of a false statement is a Class E cr false statement, it shall refer its findings o	rime. If the Commissi If fact to the Attorney	ion concludes that General. (1 M.R.S	t it appears that a L S.A. § 1019)	egislator ha
			/	/	
10	Signature		2/15/D	// <i>O</i> ate	
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08: - 19: 7:35 (10:12) 14 		ONAL INFORMATIO			
the information	e any additional information below (and o n you are providing.	n additional sheets if	needed). Indicate	e the part or section	number for
Part/Section Number					
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	Company of the Compan				
	Voi et in Augustina de la constanta de la cons	•			

PART 11. OFFICER OR DIRECTOR POSITIONS